



Community Nursery School

of Poughkeepsie United Methodist Church

REGISTRATION FORM

2024 – 2025

Please indicate your 1st and 2nd choices of classes you would like to register for:

(except Mommy & Me)

___ **Mommy & Me** for TWO year olds (Wednesday mornings, time TBA)

___ **2 days/week class** for **THREE** year olds (Tuesdays & Thursdays, 9:00am - 11:30am)

___ **3 days/week class** for **THREE** year olds (Monday, Wednesday & Friday, 9:00am - 11:30am)

___ **3 days/week class** for **FOUR** year olds (Mondays, Wednesdays, Fridays, 9:00am - 12:00pm)

___ **5 days/week** for **FOUR** or **FIVE** year olds (Mondays - Fridays, 9:00am - 12:00pm)

2, 3 and 5 days/week classes require a Registration Fee of \$55

CHILD'S FULL NAME: _____

Child's Date of Birth: _____

Mother's Name: _____

Father's Name _____

Address: _____

Home Phone: _____ E-mail Address: _____

Mother's Contact Phone No.: _____ Mother's Occupation: _____

Father's Contact Phone No.: _____ Father's Occupation: _____

Where did you hear about our program? _____

What excites you most about our program? _____

Return completed form and Registration Fee to:

Community Nursery School, 2381 New Hackensack Road, Poughkeepsie, NY 12603

For Office use:

Date Received: _____

Check # _____